

Suicide Prevention Advisory Committee

October 17 & 18, 2007
CPS Conference Room
DMH Central Office
Minutes of Meeting

Call to Order:

Roll Call was taken with the following members present: Bill Heberle, Dottie Mullikin, John Robbins, Dr. Stan Edlavitch, Aurita Prince-Caldwell, Chad Hampton

Members absent: Sheila Osborn, Ed Riedel, Lesley Levin
Deb Cook, Dr. Mariann Atwell, Elizabeth Makulec Donna Scott, Dr. Maureen Hennessey, Susan Calloway, Sen. Charlie Shields, Rep. Connie Johnson, Dr. Joseph Parks

Other participants: Joellyn Becker, Scott Perkins, Debbie Meller, Sue Kremer, Marta Fontaine, Sharon Norris, Jim Cook (Wednesday), Laurie Cox (Wednesday), Sue Frizzell (Thursday), Marian and Larry McCord (Thursday)

Minutes of August 30, 2007 Meeting

A motion was made by Aurita Prince-Caldwell and seconded by Bill Heberle that the minutes of the August meeting be approved as written. The minutes were approved unanimously by voice vote.

Resource Center Presentation

Laurie Cox, Project Coordinator of CommCare, the Suicide Resource Center in Kansas City, was introduced. She explained that they are in the second year of their grant and are doing work in the schools which are becoming more receptive to their training. John Robbins offered assistance since he has guidance contacts in each of the schools. She highlighted some of the areas where CommCare is working to better educate groups regarding suicide prevention.

- Law enforcement through crisis intervention
- Training for CIT and discussion of suicide intervention
- Individual departments to speak with officers
- Domestic Violence shelters
- Working relationship with local community mental health centers and meeting with direct care staff who are already knowledgeable
- In coordination with Mattie Rhodes Center are working on translation of brochure in order to better reach the Hispanic population

She did report that most of the efforts by Resource Center are taking place in Jackson County although they are looking to expand to Johnson County. There are presently two Survivor Support groups but participants are breaking off to form another group.

As for programs and any contact with the elderly, Laurie responded that Tri-County Mental Health Center does have a program that serves this population. She also noted that Truman High School is interested in starting student groups. Comm Care is talking with their counselors to start support groups.

When asked about how CommCare would use an extra \$30,000 if made available, Laurie mentioned training for staff to enable them to better serve Hispanic and Spanish speaking individuals. They would also seek to strengthen the relationship with the schools through additional materials and staff.

Laurie was also asked about contact with faith-based organizations in their area. She said there has been contact with leadership telling them what is offered. Sabbath of Hope was mentioned as one faith-based program with participating organizations agreeing to give one Sunday sermon/message each year devoted to mental health issues. At the present time *"One Sabbath a Month"* is devoted to mental health promotion and reducing stigma.

Stigma surrounding suicide is the main deterrent to getting into schools. More public education is needed in this area to reduce stigma.

Public Awareness Sub-Committee

The next meeting of the Public Awareness Sub-Committee will be this Friday, October 19. The agenda items planned for this meeting are increased awareness (through a plan) around the state and media awards.

The media awards, scheduled to be presented at the time of the annual Suicide Conference, would look at responsible reporting on the issue of suicide. On Friday the group will review guidelines, publicity, etc. and develop a timeline of when letter, media kits will be distributed to the newspapers.

Discussion ensued about whether permission is needed from the full committee before sending out materials. It was agreed that the Public Awareness Sub-Committee will bring suggestions, materials back to the full committee.

Goals and Objective Sub-Committee

This sub-committee is waiting for vision and mission statement to be reworked.

Wristcutters

Scott Perkins did contact Joan Masters and she made the other 11 campuses aware of the upcoming showing of Wristcutters. She and other others will let Scott know if they hear anything about publicity or the actual showing of the film. It is opening in New York and Los Angeles first, then opening nationwide the third weekend in November.

Bi-Annual Report

As noted previously, several reports from other states have been reviewed in planning and working on the Biannual Report mandated by legislation for SPAC to deliver. Most other states have begun with a vision statement, moved to the mission, with the goals and activities flowing out of this beginning. Attachment C was distributed. This draft vision statement was developed by Lesley Levin and Stan Edlavitch following the last meeting. The group was asked for comments regarding this statement. It was suggested that the vision statement be one sentence or a summary thought of the group. The vision suggested was "Suicide is not a solution". It was agreed that the group would think about this and revisit the attached mission statement.

DSS and Suicide Prevention

Bill Heberle reported that the Division of Youth Services runs 32 residential programs around the state with kids committed by juvenile or family courts. Forty-six percent of these youth have a mental health diagnosis.

DYS has updated their suicide prevention policy in the last six months. The new policy outlines that within the first three months of employment 6-8 hours of suicide prevention training is required for all DYS direct care staff. After this initial training, an annual two hours in-service will be provided.

DYS seeks to extend recognition of signs of suicide to the detention and will offer this training to any juvenile court that runs a detention center.

He reported that all the kids live in dorms so there is group focus and awareness of the activities, moods, and emotional state of the youth. This group focus lends itself to intensive supervision. When suicide attempts are made there is heightened awareness on the part of everyone.

From this Committee's perspective, the focus of Department of Social Services is to do a better job with DYS kids and clients of the Childrens Division and Family Support. When the kids are released from DYS care, it is important that each has a relapse strategy. After reviewing DSS policy, the overall conclusion is that there is a need for heightened awareness in residential care and aftercare. This, in combination with the training will lead to a safe environment for our youth.

Bill mentioned an active art therapy program in St. Louis. Through this program a suicide prevention poster could be developed by youth themselves that includes the national hotline number and could be posted in all DYS facilities.

Mission and Vision

The wording "Suicide is not a solution..." was adopted for the vision statement. The mission statement and discussion was continued at this time. The original mission, developed from

meeting with Blake Shaw, was reviewed.

The mission drafted by Stan and Lesley (Attachment C) has information that was contained in the initial plan. The information in the bullets are already included in the first two paragraphs.

It was suggested that the mission be a broader statement. It should be more representative of what has been done for consumers and other groups and address collaboration rather than showing the advisory function to government agencies.

If agencies are listed anywhere, it should possibly be in the Action Plan.

Dottie agreed to take these suggestions and present draft wording to the group on Thursday encompassing these suggestions.

Depression, Suicide and Seniors

Jim Cook works with the Transformation plan and coordination for the elderly. He reported that 1.3% of clients served by the Division of Comprehensive Psychiatric Services are 65 years of age or older. The late onset on mental disorders in these seniors includes subclinical depression disorder, prescription drug abuse, emotional problems adjusting to old age and long term psychiatric needs. In nursing facilities, 75% - 80% of residents are reported to have depression disorders.-

Long term goals to be addressed:

- 1) Financial and logistical barriers (50% co-pay). Fourteen percent of those on Medicare do not have Medigap.
- 2) Need to link up mental health and primary health care. Many mental health doctors do not do health screenings and primary care doctors do not recognize mental health issues.
- 3) There are presently not enough clinicians trained in geriatrics.

There is the need to identify strategies to reduce risks increase and protective factors. There is presently a lack of education and misconception of mental health issues for seniors.

He did identify natural partners as:

- regional Suicide Resource Centers to do education and gatekeeper training
- mental health and aging coalitions
- area agencies on aging (10 in the state created through the Older American Act)
- faith community
- spouses who could be trained to do some gatekeeping at the Senior Centers

It is important to start building coalitions with existing resource and gatekeepers. Work could be done with in- home providers, nurses etc.

Aurita indicated that the same issues addressed by Jim Cook are listed in the present State Plan. Jim agreed, but indicated that strategies and activities to be implemented still need to be developed.

The next step for the elderly involves resource support and redirection of resources. We will identify gatekeeper training needs, ask a local Suicide Prevention Resource Center to provide the training, and refer appropriate individuals to the local Community Mental Health Center for therapy as needed.

Suicide Prevention Advisory Committee Survey

Liz Sale joined by phone and reviewed the findings of survey previously sent to SPAC members. A copy of the survey reflecting results was included in the meeting packet and sent electronically to members for review prior to the meeting.

Thursday – October 19, 2007

A revised mission statement incorporating the suggestions made the previous day was distributed:

VISION:

Suicide Is Not A Solution...

MISSION:

It is the mission of the Suicide Prevention Advisory Committee to convene multidisciplinary representatives to provide education and oversight of suicide prevention programs across the state. The Committee will work to reduce stigma, increase knowledge of evidence based practices, and monitor emerging issues in suicide prevention.

To carry out this mission, the Committee links Missouri citizens with public/private entities to initiate action designed to reduce risk and increase protective factors for suicide. Additionally, the Committee functions as a resource and serves in an advisory capacity to the Governor, the Missouri General Assembly and Executive Departments relative to preventing suicide.

Following discussion, the word “with” in the first sentence of the second paragraph of the mission statement was changed to “and” then the mission statement was adopted by agreement of those present.

Expectations

Attachment D “Expectations: Member of the Suicide Prevention Advisory Committee” which was modeled after one adopted by the Alaska Suicide Prevention Advisory Group, was shared

and reviewed by the committee in conjunction with the survey responses regarding expectations for this committee. The group was asked if these expectations are realistic for SPAC.

It was agreed that attendance should be #1. Some members may not feel they have the expertise to make public presentations. The idea of having basic information on suicide for presentations would be helpful. It was agreed that the whole committee needed to look at this before accepting expectations. As each item from the list was reviewed, it was discovered that various members do different functions and tasks shown on the list. No one does them all, but each item is done by one or more SPAC members.

Some thoughts regarding these expectations included that this possibly mixes with how you select members versus expectations and behaviors. It was felt a community volunteer might be overwhelmed with the draft expectation list if appointed to this committee.

The consensus of those in attendance was that expectations on attendance, leadership on subcommittees, implementation of the state Plan and encouraging others to do likewise, then increasing a personal knowledge of the field of suicide prevention (# 1, 7, 8 and 11) were most appropriate for Missouri SPAC. An additional statement for inclusion with these expectations is: Assist in identifying resources to promote suicide activities in Missouri. The revised list will be sent to SPAC members.

Bi-annual Report

The bi-annual report is currently on hold. Completed surveys have been received from all but one state agency. The goal is to have the report completed before the upcoming legislative session in order for it to be shared with the Governor, Lt. Governor and members of the General Assembly early in the Session. Aurita expressed her thought that this biannual report is an advisory committee task. She asked what kind of input Advisory Committee members have had in the process. The Committee was reminded that this topic has been on the agenda for the last 3 Advisory Committee meetings with significant opportunity for member suggestion, opportunities for involvement, and requests for information. Presentations from agencies, Resource Centers, college projects, other suicide prevention professionals, the evaluation team for the youth grant, articles on evidence based practices, review of plans from other states, information from mini-grant recipients, statistical data, etc. have all been designed to give the Advisory Committee perspective on the state of suicide prevention in Missouri during the 10 months of SPAC's existence. It is felt that this broad perspective is needed to do a good job with the report.

By contributing to each of the state department reports the members of the SPAC from those agencies have given input into the Bi-annual Report. Each other SPAC member was sent a survey designed to obtain input on local contributions to implementation of the state plan. It was pointed out that most SPAC members have not returned the one page information sheet indicating their name, title, and a couple of quotes. Additionally, there is limited information from the county-level survey that was distributed, but this is "spotty." As mentioned previously, survivors and families have been contacted so that some stories can be included to give "heart"

to the stark reality of data. With so little response from SPAC members, it was felt that we needed to proceed with the report in order to be compliant with time requirements.

Aurita expressed her opinion that SPAC members ought to be the primary authors of the report; she suggested that each could write a section or portion of the report. Although there appeared to be general agreement that this task is a major expectation for the Suicide Prevention Advisory Committee delineated by statute, individual members feel the pressure of time and indicated a reluctance to commit to working on the document.

Aurita offered to take the surveys returned by the state departments and condense the information and then present her analysis of it to SPAC at the coming November meeting.

Biannual Report (discussion continued)

It was expressed that SPAC should be involved in writing and interpretation for the Bi-Annual report. They should be able to identify gaps. It is important that there is input from SPAC from the beginning versus having to reconstruct after a copy has been developed. The plan has always been to share the draft biannual report with the group for comment before submitting to the Governor. It was felt that SPAC needed to look at this first biannual report, identify areas of concern and gaps of information, then address these topics throughout the coming two years to prepare for significant involvement of SPAC members for the next report.

One alternative proposed was to convene separate meetings to write the bi-annual report. Another suggestion was that the committee ask Dr. Parks about a new timeline for submission of the Bi-Annual Report. Completion of the report by the beginning of the legislative session was the date originally chosen.

The committee did not meet until November of 2006, so the first report was set for the fall of 2007. Bob Bax was consulted on this and according to the legislature the report is technically due the end of November. It was suggested that committee approach the “powers that be” for more time before submitting the finished report. Debbie consulted with Dr. Parks who suggested sending a letter to the Governor’s Office and Speaker and ProTem asking for an extension of time.

It was further suggested that concentration be on the legislators who have an interest rather than contacting all of them. Efforts need to be made at the local level with legislators. The idea of releasing the report to the general public may need to be rethought.

It was agreed to send a letter requesting an extension from the Governor and asking that SPAC submit the first biannual report not later than July 1, 2008.

Nodaway County Resource Center

Sue Frizzell, Coordinator at Nodaway County reported that she begun work there in March, 2007. There are 273,000 people in 20 counties being served in the Northwest region. She stated the Resource Center's work can be summarized as: 1) support groups, 2) QPR presentations and 3) media presence. Throughout these 20 counties there is outreach, consensus building and networking. Additionally, the Resource Center is seeking outreach to both Hispanic and German speaking individuals within the catchment area.

Current developments include the first support group meeting has been scheduled as well as a 15 minute script focusing on suicide prevention which will be aired on the local radio station. Initial efforts to conduct support groups were not successful. Involving survivors in a leadership was identified as the turning point enabling a group to be scheduled. This helped to "break the ice" and promoted comfort.

When asked about work with Seniors, Sue responded that the PSAs reach the entire community, including the elderly. She noted that they began in Nodaway County working with Senior Centers and Senior apartments and are extending to other counties. She has attended health fairs and is asking about presentation to various clubs where Seniors are involved.

Part of the funding for Resource Centers comes from the youth grant. Sue was asked how services could continue at the end of the grant period. The group is very committed to "keeping this on the burner." The Mental Health Task Force in Nodaway County is promoting the concept of continuity and is assuming the ownership of "buying in". Plans are to get to all other counties as well to instill this concept.

When asked how SPAC might be of help to the Suicide Prevention Resource Centers, Sue indicated a dual role:

- Promote the Resource Centers
- Use influence to continue funding and provide networking opportunities.

Suicide Conference

Scott reported that evaluations were sent to MIMH after the recent conference in September. In regards to the general session, 95% of those who returned the evaluation responded they would attend again if a similar conference was scheduled. The results of questions asked about the breakout sessions. are not yet available. When asked about ideas to improve registration, it was suggested that possibly on-line registration could be incorporated before the next conference.

A further suggestion was to publicize earlier since the conference coincides with the start of school. If date is set by April, this would allow counselors, students, etc. to add the conference to their calendars.

Other suggestions included:

- targeting community and elderly – partner
- targeting community-based and religion/church based
- possibly distribute the bi-annual report at the next conference
- Lincoln University would like to partner with us again
- Consider a different location – not Jefferson City
- Have poster sessions with community groups presenting their services
- Increase the audience size

The CHADS Coalition

Larry and Marian McCord, Founders, CHADS Coalition for Mental Health, presented to SPAC regarding work that is being done for suicide awareness and support through the coalition they organized. CHADS Coalition (**C**ommunities **H**ealing **A**dolescent **D**epression and **S**uicide) was formed after the suicide of the McCord's son, Chad in April, 2004.

After Chad's death, the family was unable to find the support and understanding needed through the schools, medical community and St. Louis community. They were passionate to increase awareness and acceptance of mental illness and the coalition was formed.

The McCords addressed the goals they have set as well as fundraisers held. Money raised has generated donations for research and programs. They have increased awareness through presentations to middle and high schools throughout the St. Louis area.

They have started working with mental health partners of schools (COMTREA, Crider Center and BJC) as trainer of trainers. Many schools do not have mental health professionals so have contracted with one of these three centers to provide this service.

When asked how SPAC could help, it was stated that any advertising, publicizing that the CHADS Coalition is out there and available would be helpful to their cause. A compilation of a resource list was also mentioned as being a helpful document. Convening a network of area organizations working around adolescent mental issues was cited as another way for SPAC to help the CHADS Coalition. A meeting between these groups would be helpful in not having a duplication of effort. There is a need to know who is out there and can do referrals to other organizations.

They are also considering a doctor's symposium since 80% of medications are prescribed by family doctors. It was questioned whether DMH could help with this.

(A copy of the McCord Presentation is attached which lists their goals, and 2007 Accomplishments)

Attachment F

This is the grid that was developed by Blake at the first SPAC meeting in November 2006. The Committee reviewed the Year 1 Actions to have an informal snapshot of what is completed, what needs to be completed, etc. The following grid contains an analysis of the actions.

These are the notes provided by Blake from the very first SPAC meeting held in November, just about 11 months ago. We will review this, look at how we've done, look at modifications as we begin our second year of operation.

Actions by Year

	<u>Year 1</u>	<u>Addressed or not within the 1st year</u>
AWARENESS	Facilitate the creation of a consistent message	Yes
	Create a list of training opportunities	Not addressed by Public Awareness Subcommittee Every meeting training is identified
	Increase awareness on screening tools (facebook; suicide prevention week; etc.)	Not addressed
	Tap into the survivor network	Yes, for biannual report & presentations SPAN to Resource Centers
	Create ongoing awareness strategies (PSAs in schools, etc.) –	Not addressed
	Incorporate “teaching moments” into SPAC meetings	Yes
	Encourage individual responsibility to advocate for and advance SPAC	Yes
	Revisit and promote messaging (annual theme; annual conference)	Yes
INTERVIEW	Develop guidelines for communities to conduct a needs assessment	No

		Youth Intervention
	Encourage / support CIT programs	Not addressed
	Identify population-specific screening tools	Mp
	Survey what's out there, including faith-based interventions, and incorporate into existing / planned surveys	Some surveying has been done but not faith-based.
	Promote statewide consistency in promotions	?
	Look at current hotline promotions, including faith-based	Yes
	Participate on ACI Committee	Not addressed
METHODOLOGY	Establish goals and objectives	No
	Produce a bi-annual report	In Progress
	Complete SPAC Membership	No
	Violent Death reporting system	On hold
	Ongoing inventory of best practices / evidence-based practices	Some on website
	Review and analyze current research on Stigma	No

Appendix G

The issues of awareness and editorials were addressed by the group. However, because of insufficient time, only a small portion of the grid was reviewed. This will be further discussed at a future meeting.

Future Agenda Items

Bi-Annual Report and how to approach over next few months

Aurita will work on summary of all surveys and report on November 20 meeting call

Next Meeting

The next meeting is scheduled for November 20, 2007 from 10-11:30. A Meet-Me-Call number will be sent prior to the call.